



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>	<b>Docket Number (Optional)</b> NRI-001CN
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In re Application of     Keith R. EDWARDS	
Application Number 10/034,981-Conf. #1118	Filed December 27, 2001
For     INTRAVENOUS VALPROATE FOR ACUTE TREATMENT OF MIGRAINE HEADACHE	
Art Unit     1615	Examiner     B. Fubara

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |             |
|---|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$ _____    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$ _____    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$ _____    |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,010.00 |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 1,005.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 46,981

June 21, 2004

Date

(617) 227-7400

Telephone Number

Signature

Debra J. Milasincic

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 311 021 795 US, in an envelope addressed to: MS: Appeal Brief, Patents Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  
Dated: June 21, 2004     Signature: \_\_\_\_\_ (Debra J. Milasincic)